State of Tennessee
TENNESSEE ATHLETIC COMMISSION
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

Professional Athlete Physical Examination

You must also go to an Ophthalmologist or Optometrist for an eye exam. If you 35 years old or older, you must also have a neurological exam.

Only a licensed physician may conduct this examination and complete this form.
Please complete this form in its entirety.

Participant's Full Name _____
Last First Middle

PHYSICAL HISTORY: Please check all that applies below: [ ]Asthma [ ]Blood in urine [ ] Allergies
[ ]Fainting spells [ ]Rupture (hernia) [ ] Chest pains [ ]Operations [ ] Shortness of breath [ ] Swollen joints
[ ]Rheumatism [ ] Diabetes [ ]Frequent headaches [ ]Convulsions (fits) [ ]Chronic cough [ ] Spitting of blood
[ ]Cerebral hemorrhage or serious head injury If yes, please explain: _____
_____

When was the last time you took any type of medication or drug? (State what type and when and be specific):
_____
_____

Have you ever undergone any type of surgery? _ Yes _ No (State what type and when and be specific):
_____

When was the last time you took any type of vitamin supplement? (State what type and when and be specific):
_____

PHYSICAL EXAMINATION:
General appearance: _____ Height: _____ Weight: _____
Temperature: _____ Disabling scars: _____ Mouth: _____ Teeth: _____ Tonsils: _____
Neck: _____ Pulse at rest: _____ Pulse after 100 hops: _____ Blood pressure: At rest: _____
After 100 hops: _____ 2 minutes later: _____
Enlarged glands: [ ] Yes [ ] No Goiter: [ ]Yes [ ]No Heart: Pulse rhythm [ ]Regular [ ]Irregular
Murmurs: [ ]Yes [ ]No Musculoskeletal system: _____
Apical impulse: [ ]Heavy [ ]Normal Enlargement: [ ]Yes [ ]No Lungs: Rales [ ]Yes [ ]No
Abdomen: Enlargement of liver [ ]Yes [ ]No Breasts: Mass [ ]Yes [ ]No Tenderness [ ]Yes [ ]No
Discharge: [ ]Yes [ ]No Enlargement of Spleen: [ ]Yes [ ]No Hernia: [ ]Yes [ ]No
Testicles: Normal [ ]Yes [ ]No
Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____
Skin: Tone _____ Rash _____ Boils _____ Other:_____
Unhealed wounds: _____
Remarks: _____
_____

EXAMINING PHYSICIAN:
Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed and compete in combative sports? [ ]Yes [ ]No
If no, please explain:
_____
_____

_____ _____ _____
Licensed Physician's Name (print) Medical License No. Applicant Name (print)

_____ _____
Address/ City/ State/ Zip Code Applicant Signature

_____ _____
Physician's Signature Date/ Time

Authorization to Use and Disclose Protected Health Information

I hereby authorize _____ (Physician) to furnish to the Tennessee State Athletic Commission (the "Commission"), or its successors, copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by the Commission in connection with my application for licensure by the Commission or any further or future investigation by the Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to those athletic commissions (or similar regulatory bodies) that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the Tennessee State Athletic Commission, 500 James Robertson Parkway, Nashville, TN 37243. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for one year from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

_____
Name (Print)

_____ _____
Signature Date